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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8058

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 242

1. PLACE OF DEATH a. COUNTY G reene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) 35 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountainburg,
d. FULL NAME OF HOSPITAL OR INSTITUTION O'Reilly VA Hospital		d. STREET ADDRESS (If rural, give location) Bon Air Court	

3. NAME OF DECEASED (Type or Print) a. (First) Lonnie	b. (Middle) B	c. (Last) Hawkins	4. DATE OF DEATH (Month) (Day) (Year) March 13 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH February 17, 1921	9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months 0	IF UNDER 12 HRS. Days 26	Hours 	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician	10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (State or foreign country) North Little Rock, Ark.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II	16. SOCIAL SECURITY NO. Unk	17. INFORMANT'S SIGNATURE OR NAME O'Reilly VAH., Spfd., Mo	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphensia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis, pulmonary, chronic, far advanced, active.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>
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22. I hereby certify that I attended the deceased from Feb 6, 1949, to March 13, 1949, that I last saw the deceased alive on March 13, 1949, and that death occurred at 1:07 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul Smith	23b. ADDRESS O'Reilly VAH., Springfield, Mo	23c. DATE SIGNED Mar 13, 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/15/49	24c. NAME OF CEMETERY OR CREMATORY Paul Smith Arkansas	24d. LOCATION (City, town, or county) (State) Springfield, Mo
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DATE REC'D BY LOCAL REG. 3/15/49	REGISTRAR'S SIGNATURE W. J. Handley	FUNERAL DIRECTOR'S SIGNATURE Norman Shanks	ADDRESS Funeral Home Spfd., Mo
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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Lewis G. Scharpf

Signed _____
Student Embalmer

Licensed Embalmer No. 3802

P. O. Address Springfield

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.